USAID | NIGERIA
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TUBERCULOSIS PROFILE

Nigeria has the world's fourth largest tuberculosis burden, with nearly 374,000 estimated new cases annually. According to WHO (2006), 33,755 (or 57 percent) of the new TB cases in 2004 were pulmonary sputum smear-positive (SS+) cases. Total notified cases of all forms of TB increased from 46,473 in 2003 to 59,493 in 2004. At the end of 2005, 66,848 cases of TB had been notified, of which only 52 percent were SS+. Although still far short of the WHO target of 70 percent, the TB case detection rate increased from 15.3 percent in 2001 to 27 percent in 2005. While the treatment success rate had stabilized above 75 percent, it now stands at 59 percent. Both the case detection and treatment success rates were among the lowest of high-TB burden countries. It is estimated that in 2005 the TB case detection rate will be 27 percent and the treatment success rate will return to near 79 percent.

The public health burden posed by TB is becoming increasingly important as the country's HIV/AIDS epidemic unfolds. WHO estimates that 27 percent of Nigeria's TB patients are HIV-positive.

The National TB and Leprosy Control Program (NTBLCP) coordinates and provides strategic direction for TB control activities in Nigeria. The Federal Ministry of Health (FMOH) declared TB a national emergency in April 2006 and inaugurated the National TB-HIV Working Group in June 2006.

Country population	128,708,935
Global rank out of 22 high-burden countries	4
Estimated number of new TB cases	373,682
Estimated TB incidence (all cases per 100,000 pop.)	290
DOTS population coverage (%)	65
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	26
DOTS case detection rate (new SS+) (%)	21
DOTS treatment success rate in 2003 (new SS+) (%)	59
Estimated adult TB cases HIV+ (%)	27
New multidrug-resistant TB cases (%)	1.7

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

USAID's approach in Nigeria complements the priorities of the government, WHO, and other partners. The Mission only recently initiated TB activities under its new 2004–2009 country strategic plan. Between 2003 and 2005, USAID funds for TB programming in Nigeria averaged $1.2 million per year.

USAID supports the NTBLCP in the following areas:

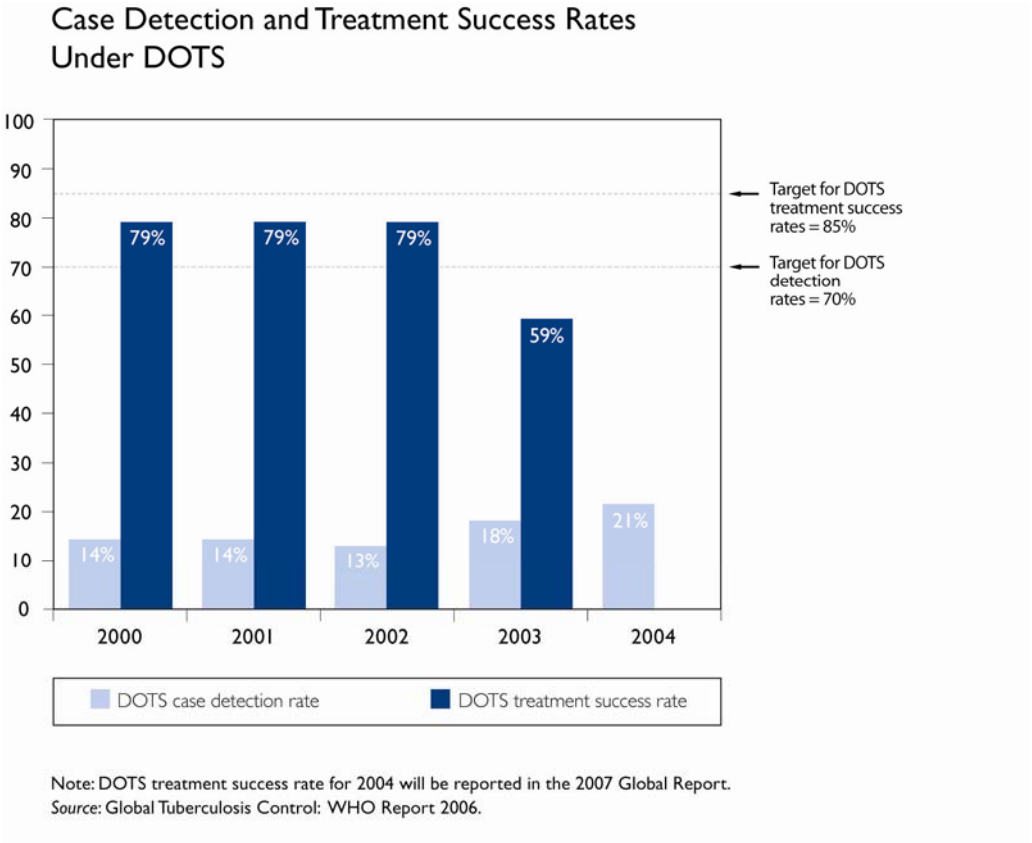
- Coordinating TB activities at the state, national, and international levels
- Establishing DOTS treatment centers in new local government areas (LGAs)
- Strengthening the zonal coordinating and supervisory structures in three geopolitical zones
- Expanding the diagnostic network by providing microscopes, reagents, and other laboratory equipment
- Training laboratory technicians to work in new microscopy centers

- Training cadres of health workers in 17 states in northern Nigeria on DOTS service delivery and joint TB-HIV/AIDS activities
- Developing, printing, and distributing reporting and recording formats for joint TB-HIV/AIDS activities
- Coordinating an effective referral system for joint TB-HIV/AIDS activities
- Expanding DOTS into HIV/AIDS antiretroviral treatment sites

USAID Program Achievements

USAID's assistance and support have helped address TB prevention and control in Nigeria. USAID's program achievements include the following:

- Supported the expansion, since 2003, of DOTS services to 17 states in northern Nigeria that previously had no TB diagnostic and treatment services and to 43 new LGAs, bringing the number of LGAs providing DOTS by the end of 2005 to 548 (71 percent) nationwide
- Increased the national case detection rate for new SS+ cases from 23 percent in 2004 to 27 percent in 2005, 43 percent of which were in USAID-supported states
- Achieved a case detection rate of 53.4 percent in the USAID-supported states, compared with the national rate of 27 percent
- Established 86 new DOTS centers in the USAID-supported states by the end of 2005, thus increasing the number of centers from 1,929 to 2,015
- Established 43 new microscopy centers in the USAID-supported states by the end of 2005, thus increasing the number of centers from 547 to 590
- Trained 102 additional laboratory microscopists/technicians to work in 51 new microscopy centers in 2005 (one each in selected LGAs in the USAID-supported states)
- Trained 527 health workers and laboratory technicians in TB diagnosis and treatment
- Assisted with the development of the national TB-HIV/AIDS five-year strategic framework, guidelines, and training curricula
- Supported the development of the National Human Resource Development Plan and the Advocacy and Social Mobilization Plan for 2006–2010
- Provided technical assistance for the development of the successful round-five proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria and its implementation plan
- Provided support to build the capacity of the government for supervision, training, and monitoring of TB activities
- Placed national professional officers in three regions to provide technical guidance and supervise and monitor TB and TB-HIV/AIDS activities



Partnerships

The international community provides significant support for TB control in Nigeria. The NTBLCP coordinates all partnership activities. The Stop TB Partnership provides technical support, assists with fund raising, and provides drugs through the Global TB Drug Facility. WHO works through Stop TB at its headquarters and regional offices in Africa to provide direct technical support to the NTBLCP. The main partners assisting with DOTS implementation are the German Leprosy and TB Relief Association, the Damien Foundation of Belgium, Netherlands Leprosy Relief, the U.K. Department for International Development, the Canadian International Development Agency, and the International Union Against Tuberculosis and Lung Disease. These organizations provide support for training, supervision, logistics, equipment, and drugs. The Global Fund to Fight AIDS, Tuberculosis and Malaria recently approved a $68 million grant to support TB and TB-HIV/AIDS activities in Nigeria. These funds are focused on improving TB case detection and outcomes and enhancing TB-HIV/AIDS collaboration.